

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/25/2011
NAME OF PROVIDER OR SUPPLIER SPRING CITY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 331 HINCH STREET SPRING CITY, TN 37381		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to catheterize one resident (#3) for residual urine as ordered by the physician of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on August 3, 2010, with diagnoses including Gastrointestinal Reflux Disease, Osteoarthritis, Congestive Heart Failure, Anxiety, Depression, Difficulty Walking, Fractured Ankle, Osteoarthritis, Hypertension, Debility and Obesity. Review of the Minimum Data Set dated November 11, 2010, revealed the resident required extensive assistance with transfers, hygiene and bathing; required extensive assistance of two with toileting and was continent of bowel and bladder.</p> <p>Medical record review of a nurse's note dated October 7, 2010, revealed, "...extreme urinary urgency but voids very little when taken to bathroom ..." Medical record review of a nurse's note dated November 21, 2010, revealed, "...continent of B&B (bowel and bladder) (with) episodes of incontinence ..." Medical record</p>	F 309	<p>Disclaimer Statement Spring City Care and Rehabilitation Center does not believe and does not admit that any deficiencies exist, before, during and after the survey. Spring City Care and Rehabilitation Center reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Spring City Care and Rehabilitation Center reserves all right to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceedings. Nothing contained in this Plan of Correction should be considered as a waiver of any potential applicable Peer Review, Quality Assurance or self critical examination privileges which Spring City Care and Rehabilitation Center does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceedings. Spring City Care and Rehabilitation Center offers its responses, credible allegations of compliance and plan of corrections as part of its ongoing efforts to provide quality of care to residents.</p> <p>F- 309 1) Catheterization for residual urine was completed for resident #3 on 1/25/2011. Resident #3 Nephrologists was notified of results. On 1/27/11 LPN # 1 was re-educated related to following physician orders by the Assistant Director of Nursing.</p> <p>2) 100% chart audit was completed by the Administrator, QA Nurse, Restorative Nurse Manager; the MDS Coordinators the Director of Nursing and the Assistant Director of nursing to ensure all physician orders were complied with. This audit was completed on 1-31-2011. Aberrances were corrected immediately</p>		1-27-11 1-31-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

2-3-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FEB 07 2011

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F 309	<p>Continued From page 1</p> <p>review of a nurse's note dated December 7, 2010, revealed, "Res (resident) used bed pan output 400 ml (milliliters) straight cath for residual yielded 150 ml ..."</p> <p>Medical record review of a nurse's note dated January 5, 2011, revealed the resident was evaluated by a urologist on January 5, 2011. Medical record review of a urologist order dated January 5, 2011, revealed, "Have (resident) void then catheterize ...to check for post void residual." Medical record review of nurses' notes and the Medication Administration Record dated January 5-16, 2011, revealed no documentation the resident had been catheterized to check for residual urine.</p> <p>Observation on January 24, 2011, at 9:30 a.m., revealed the resident sitting in a chair at the bedside. The resident was alert and oriented and reported staff were "good" to take (resident) to the bathroom as needed.</p> <p>Interview on January 24, 2011, at 11:20 a.m., with Certified Nursing Assistant (CNA #1), who had been assigned to resident #3, confirmed the resident had urinary urgency. CNA #1 stated, "...We'll take (resident) to the bathroom...go down the hall a room or two to take care of other residents...(resident) has...light on again and says 'I'm about to bust.' We'll take...to the bathroom and (resident) says, 'I can't do anything.' We'll put...back to bed and in 30 minutes...will say, 'I have to go.' We get...up again and (resident) will say, 'I can't do anything'..."</p> <p>Telephone interview on January 24, 2011, at 1:20 p.m., with the Licensed Practical Nurse (LPN #1), who was assigned to the resident on the 6:00</p>	F 309	<p>3) The nurse manager task design was reviewed and revised on 1/31/11 by the Director of Nursing. Each nurse manager will be a manager over a station. Nurse Managers which include Director of Nursing, Assistant Director of Nursing, MDS coordinators, QA Nurse and Restorative Nurse will review the MD orders daily to ensure follow through. Nurse Managers were educated on this change on 2/1/2011. Licensed nurses will be in serviced regarding this change by 2/8/2011. Aberrances will be corrected immediately</p> <p>4) An audit log will be completed on 10% of all residents' medical records weekly for four weeks, by either the Director of Nursing, the Assistant Director of Nursing, the Restorative Nurse Manager, the MDS coordinators or the QA nurse to ensure compliance with physician orders. Aberrances will be corrected immediately. These audits will continue monthly for three months. These audits will be reviewed quarterly by the QA committee to include the nurse managers including the Director of Nursing, the Assistant Director of Nursing, the MDS Coordinators, the Restorative Nurse Manager, Treatment Nurse, Administrator, Medical Director, Social Services and Activities Director for further recommendations.</p>	2-14-11	

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F 309	<p>Continued From page 2</p> <p>a.m.-6:00 p.m., shift on January 5, 2011, confirmed the resident was not catheterized for residual urine on the 6:00 a.m.-6:00 p.m., shift on January 5, 2011.</p> <p>Telephone interview on January 24, 2011, at 2:05 p.m., with LPN #2, who was assigned to the resident on the 6:00 p.m.-6:00 a.m., shift on January 5, 2011, confirmed LPN #2 had not catheterized the resident for residual urine on the 6:00 p.m.-6:00 a.m., shift on January 5, 2011.</p> <p>Interview on January 24, 2011, at 3:05 p.m., with the Administrator, in the office, confirmed the resident had not been catheterized for residual urine as ordered by the urologist on January 5, 2011.</p> <p>C/O #27270</p>	F 309			

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